Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	06-30-2008	Address:	Schley Pl. (a) Poplar
Case #:	<u>32-28611</u>		West Terre Haute, IN
County:	<u>Vigo</u>		<u>47885</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Check all the Lithium Red Pho Flamma Water R Manhydro Hydroch Corrosiv Corrosiv	at apply) /Ammonia Reaction(s): osphorous/lodine Reaction(s): ble Solvents: cactive Metal (Lithium): ous Ammonia: on back nloric Acid Gas Generator(s): /e Acid: /e Base: tem and location): tem and location):	r, etc)	
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudocphedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: This report is to be faxed to the following agencies that serve the location:			
Health Depa Child Protect For further i	ment: Terre Haute FD artment: Vigo County etion Service: N/A information regarding this methampho g Officer: Ritch A. Reynolds Phor	Fax: <u>812-2</u> Fax: <u>812-2</u> Fax: <u>N/A</u> ctamine laboratory, cone (812)299-1153	<u>34-1010</u>

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.